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APPLICANTS Jay S. Bay	ne, M	lequon, WI;							
** CONTINUING	DATA	<i>t</i> ************************************	*						
** FOREIGN APF	PLICA	TIONS *************	***						
IF REQUIRED, F ** 12/30/2003	OREI	GN FILING LICENSE	GRANTI	ED** SMALL E	NTITY	′ **			
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged yes no Met after Allowance Examiner's Signature Initials				STATE OR COUNTRY WI	SHEETS DRAWING 25		TOTAL CLAIMS 24 2.\		INDEPENDENT CLAIMS
ADDRESS 23409									
TITLE									
Method and syste	em foi	network-based, distrib	outed, rea	al-time comma	nd and	i control	of an er	nterpri	se
RECEIVED I	No.	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit			